

Effective on 12/08/2004

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

**FEE TRANSMITTAL**  
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**Complete if Known**

Application Number	09/816,917
Filing Date	03/23/2001
First Named Inventor	Roger Ady
Examiner Name	Koenig, A.
Group Art Unit	2611
Attorney Docket No.	BCS03398

TOTAL AMOUNT OF PAYMENT

(\$)**180****METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: **502117** Deposit Account Name: **MOTOROLA, INC.**  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	\$1,000.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	=	Fee Paid (\$)
<input type="text"/> - 20 or HP=	<input type="text"/> x	<input type="text"/>	=	<input type="text"/>
HP=highest number of total claims paid for, if greater than 20				

Indep. Claims	Extra Claims	Fee (\$)	=	Fee Paid (\$)
<input type="text"/> - 3 or HP=	<input type="text"/> x	<input type="text"/>	=	<input type="text"/>
HP=highest number of independent claims paid for, if greater than 3				

**3. APPLICATION SIZE FEE:**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<input type="text"/> - 100 =	<input type="text"/> /50 =	<input type="text"/> (round up to a whole number) x	<input type="text"/>	<input type="text"/>

**4. OTHER FEE(S)**Non-English Specification, \$130 fee (no small entity discount)  
Other: IDSFee Paid (\$)  
\$180

Complete (if applicable)

**SUBMITTED BY**

Name (Print/Type)	Benjamin D. Driscoll	Registration No.	41,571	Telephone	215-323-1840
Signature	<i>Ben D. Driscoll</i>	Date	5/10/05		



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

App. No.: 09/816,917

Filing Date: March 23, 2001

Inventors: Ady et al.

Title: CABLE MODEM WITH AUTONOMOUS DIAGNOSTIC FUNCTION

Art Unit: 2611

Examiner: Koenig, A.

Atty. Doc. #: BCS03398

**INFORMATION DISCLOSURE STATEMENT**

Applicant respectfully submits this information disclosure statement so that the Examiner may consider the listed references. This statement is submitted after the mailing of a First Office Action but before the mailing of a Final Office Action or Notice of Allowance in accordance with 37 C.F.R. 1.97(c). Please charge account no. 50-2117 the required fee of \$180. Please charge any necessary additional fees, or refund any overpayments, to the same charge account.

05/16/2005 HMARZI1 00000022 502117 09816917

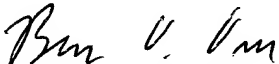
01 FC:1806 180.00 DA


Appl. No.: 09/816,917  
Atty. Doc. No.: BCS03398

The Examiner is requested to consider the enclosed references and initial the attached PTO/SB/08 form where appropriate and return a copy with the next communication.

Respectfully submitted,

Ady et al.

  
\_\_\_\_\_  
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\_\_\_\_\_  
Date

MAY 13 2005

PTO/SB/08A (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Substitute for form 1449/PTO

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

*(Use as many sheets as necessary)*

Sheet	1	of	2
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**Complete if Known**

Application Number	09/816,917
Filing Date	March 23, 2001
First Named Inventor	Ady et al.
Art Unit	2611
Examiner Name	Koenig, A.
Attorney Docket Number	BCS03398

## U. S. PATENT DOCUMENTS

[illegible]

## FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	r <sup>6</sup>
		Country Code <sup>3</sup> *Number <sup>4</sup> *Kind Code <sup>5</sup> (if known)	MM-DD-YYYY			
		WO 00/74304 A3	12-7-2000	Teradyne, Inc.		

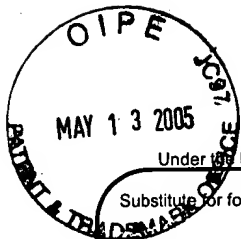
Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/08B (08-03)

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**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

**Complete if Known**

Application Number 09/816,917

Filing Date March 23, 2001

First Named Inventor Ady et al.

Art Unit 2611

Examiner Name Koenig, A.

Attorney Docket Number BCS-03398

Sheet 2

of 2

**NON PATENT LITERATURE DOCUMENTS**

Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
		Data Over Cable Interface Specification - Cable Modem to Customer Premise Equipment Interface Specification (SP-CMCI-106-010829), 29 August 2001, pgs. 38-50	

Examiner Signature		Date Considered	
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<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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